

# BEST AVAILABLE COPY

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)

SERIAL NO. 091838998 FILING DATE

APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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57						
58						
59						
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62						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 09/838998	FILING DATE				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1						51					
10 2						52					
10 3						53					
10 4						54					
10 5						55					
10 6						56					
10 7						57					
10 8						58					
10 9						59					
11 0						60					
11 1						61					
11 2						62					
11 3						63					
11 4						64					
11 5						65					
11 6						66					
11 7						67					
11 8						68					
11 9						69					
12 0						70					
12 1						71					
12 2						72					
12 3						73					
12 4						74					
12 5						75					
12 6						76					
12 7						77					
12 8						78					
12 9						79					
13 0						80					
13 1						81					
13 2						82					
13 3						83					
13 4						84					
13 5						85					
13 6						86					
13 7						87					
13 8						88					
13 9						89					
14 0						90					
14 1						91					
14 2						92					
14 3						93					
14 4						94					
14 5						95					
14 6						96					
14 7						97					
14 8						98					
14 9						99					
15 0						100					
<b>TOTAL IND.</b>			<b>2</b>			<b>TOTAL IND.</b>					
<b>TOTAL DEP.</b>			<b>7</b>			<b>TOTAL DEP.</b>					
<b>TOTAL CLAIMS</b>			<b>9</b>			<b>TOTAL CLAIMS</b>					

2032